

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>10/11/10</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	C.Y.C.	TC 530	11-0P-00
RESPONSE FORMALITY REVIEW	<i>CS</i>	573	04-06-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	<i>6/15/10</i>
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Claim	Date
Final	
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Claim	Date
Final	
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If more than 150 claims or 10 actions
staple additional sheet here

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